

## CLAIMS ONLY

Application Number

10/689, 998

Filing Date

**Applicant(s)**

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2						
3						
4						
5						
6						
7						
8						
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13						
14						
15						
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29						
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31						
32						
33						
34						
35						
36						
37						
38						
39	1					
40						
41						
42						
43						
44						
45						
46						
47	1					
48						
49						
50						
Total Indep						
Total Depend						
Total Claims						

\* May be used for additional claims or amendments

	*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depe
51						
52						
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72	1					
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93						
94						
95						
96						
97						
98						
99	1					
100						
Total Indep						
Total Depend						
Total Claims						

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# CLAIMS ONLY

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CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
101						
102						
103						
104						
105						
106						
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142						
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144						
145						
146						
147						
148						
149						
150						
Total						
Indep	5					
Total						
Depend	112					
Total						
Claims	117					

	*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depe
151						
52						
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190						
91						
92						
93						
94						
95						
96						
97						
98						
99						
200						
Total						
Indep						
Total						
Depend						
Total						
Claims						